

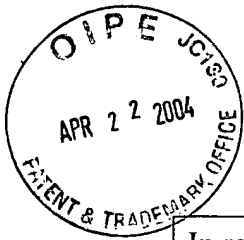
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AF/1762IFW

Express Mail No. EV 337 974 153 US

PATENT

Attorney Docket No.: 50623.00041



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

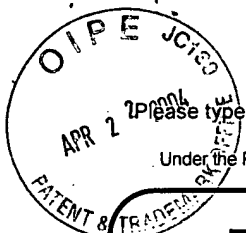
In re Application of: Wouter E. Roorda et al. Serial No.: 09/894,293 Filed: 27 June 2001 Title: Methods of Coating an Implantable Device	Examiner: Jennifer Kolb Michener Art Unit: 1762
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

Dear Examiner Michener:

This responds to the Office Action dated February 20, 2004.



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PTO/SB/21 (08-00)
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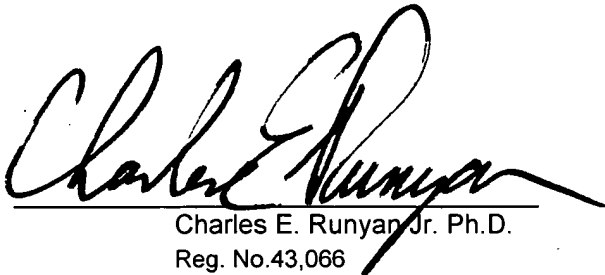
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/894,293	
	Filing Date	June 27, 2001	
	First Named Inventor	Wouter E. Roorda et al.	
	Group Art Unit	1762	
	Examiner Name	Jennifer Kolb Michener	
Total Number of Pages in This Submission (excluding references)	28	Attorney Docket Number	50623.41

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response (25 pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (1 month) (in duplicate) <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Express Mail Label No. EV 337 974 153 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Charles E. Runyan J. Ph.D., Reg. No. 43,066
Signature	
Date	April 22, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop AF, Commissioner of Patents, P.O. Box 1450, Alexandria VA 22313 on this date: April 22, 2004.			
Typed or printed name	Patricia Gamble		
Signature		Date	April 22, 2004

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 50623.41	
Applicant(s): Wouter E. Roorda et al					
Serial No. 09/894,293	Filing Date June 27, 2001		Examiner Jennifer Kolb Michener	Group Art Unit 1762	
Invention: Methods of Coating an Implantable Device					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	36	39	0	X \$18.00	\$00.00
INDEP. CLAIMS	8	8	0	X \$86.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: April 22, 2004 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200 cc: Docket:			 Charles E. Runyan Jr. Ph.D. Reg. No.43,066		